



Please type a plus sign (+) inside this box → +

GAU 2672 \$

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/435,940
		Filing Date	November 9, 1999
		First Named Inventor	Lewis V. Rothrock
		Group Art Unit	2672
		Examiner Name	Chante Harrison
Total Number of Pages in This Submission		Attorney Docket Number	42390.P5387

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Resubmission of Information Disclosure Statement (6 pgs)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	6 IDS references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	RECEIVED	
	AUG 23 2001	
	Technology Center 2600	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Matthew C. Fagan, Reg. No. 37,542
Signature	
Date	8-15-2001

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 8-15-01

Typed or printed name	Shenise Ramdeen
Signature	
Date	8-15-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

*Patent fees are subject to annual revision.*

TOTAL AMOUNT OF PAYMENT	(\$)	72.00
-------------------------	------	-------

Complete if Known	
Application Number	09/435,940
Filing Date	November 9, 1999
First Named Inventor	Lewis V. Rothrock
Examiner Name	Chante Harrison
Group Art Unit	2672
Attorney Docket No.	42390.P5387

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely Sokoloff Taylor & Zafman LLP**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)

101	710	201	355	Utility filing fee	<input type="text"/>
106	320	206	160	Design filing fee	<input type="text"/>
107	490	207	245	Plant filing fee	<input type="text"/>
108	710	208	355	Reissue filing fee	<input type="text"/>
114	150	214	75	Provisional filing fee	<input type="text"/>

### Fee Paid

**SUBTOTAL (1) (\$)**

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
<b>31</b>	-27** = <b>4</b>	<b>x 18</b> = <b>72</b>	
Independent Claims	<b>4</b>	- 4** = <b>0</b>	<b>x 80</b> = <b>0</b>
Multiple Dependent			<input type="text"/>

### Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
---------------	---------------	-----------------

103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$)**

\*or number previously paid, if greater; For Reissues, see above

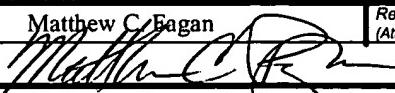
## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	130	123	130
126	180	128	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Matthew C. Eagan	Registration No. (Attorney/Agent)	37,542
Signature		Telephone	512-330-0844
		Date	8-15-2001

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.